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a valid CMB control number.

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Submitted

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Attorney Docket Number **DECLARATION FOR UTILITY OR** DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration

Submitted after Initial Filing (surcharge (37 CFR 1.16 (e))

First Named Inventor		Hung-Shan Wei				
COMPLETE IF KNOWN						
Application Number						
Filing Date						
Group Art Unit						
Examiner Name						

	reduited									
As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name,										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
MASTER PRODUCTION SCHEDULING MANAGEMENT SYSTEM AND										
METHOD										
ੂ ਜ਼ਿ ਰ ੇ	the specification of which (Title of the Invention)									
is attached hereto —										
was filed on (MM/DD/YYYY) as United States Application Number or PCT International										
Application Number and was amended on (MM/DD/YYYY) (if applicable).										
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as										
amended by any amendment specifically referred to above.										
l acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.										
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co YES	py Attached? NO					
91136042	Taiwan	Dec/13/02		₹]						
Additional families and in-										
	ation numbers are listed on a under 35 U.S.C. 119(e) of an				eto:					
Application Number		(MM/DD/YYYY)								
			Additional provisional application							
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				B/02B attache						

(Page 1 of 2)

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Post Office Address

City

Santa Clara

Additional inventors are being named on the

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

U.S.A.

Country

supplemental Additional Inventor(s) sheet(s) PTO/S8/02A attached hereto

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DECLARATION — Utility or Design Patent Application I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentiability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. U.S. Parent Application or PCT Parent Parent Filing Date Parent Patent Number Number (MM/DD/YYYY) (if applicable) Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Paten and Trademark Office connected therewith: Q Customer Number Place Custome 25859 Number Bar Code OR Registered practitioner(s) name/registration number listed below Label here Registration Registration Name Number Number Name Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto Direct all correspondence to: 🔀 Customer Number OR Correspondence address below 25859 or Bar Code Label Name Address Address State ZIP City Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Wei Inventor's 07/30/03 Signature Taiwan Taiwan Tu-Chen Citizenship Residence: City Past Office Address 1650 Memorex Drive

CA

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